OPERATOR RETRAINING PROGRAM
PROVIDER – AUDIT REPORT
R-386 NEW 2-2011

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
On The Web At ct.gov/dmv

PART I: PROVIDER INFORMATION

PROVIDER'S NAME:	CERTIFICATION DATE:	
STREET ADDRESS:	EXPIRATION DATE:	
TOWN/CITY/STATE/POSTAL CODE:	START TIME:	FINISH TIME:

PART II: INSPECTION OF PREMISES

COMPLIANCE STATUS:						COMMENTS:
	YES	NO		YES	NO	
ZONING			HEALTH			
SAFETY			FIRE			
ADA			HEAT			
A/C			CLEAN			
LOCATION AS INDICATED ON CERTIFICATE						
SUITABLY FURNISHED						
NUMBER OCCUPANTS EXCEEDS ALLOWABLE						

PART III: INSTRUCTOR INFORMATION

INSTRUCTOR'S NAME:		INSTRUCTOR'S APPROVAL DATE:	INSTRUCTOR'S EXPIRATION DATE:	
OPERATOR LIC. NO.:	LIC. EXP. DATE:	DR. INSTRUC. LIC. NO.	ISSUE DATE:	EXP. DATE:

COMPLIANCE STATUS:	YES	NO	COMMENTS:
INSTRUCTOR'S CONDUCT IS PROFESSIONAL			
LIST OF CLASS ATTENDEES IS AVAILABLE			
INSTRUCTOR HAS COPY OF CURRICULUM			
INSTRUCTOR ADHERING TO CURRICULUM			
COMPLETION CERTIFICATES FOR ATTENDEES			
SUFFICIENT HANDOUTS FOR ALL ATTENDEES			
LENGTH OF CLASS (MANDATORY 4 HOURS)			

NO. PASSED TEST:	NO. FAILED TEST:	NO. INCOMPLETE:	STATE REASON FOR INCOMPLETE:

ADDITIONAL COMMENTS:

FOR OFFICE USE ONLY:	DMV STAFF:	ID NO.:	SIGNATURE:	DATE OF INSPECTION:	REINSPECTION REQUIRED: ☐ YES ☐ NO